FILING DATE 09/347748 APPLIGANT(S) MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. IND. DEP. IND. DEP. IND. DEP. DEP. IND. IND. ı ı ,

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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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